

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

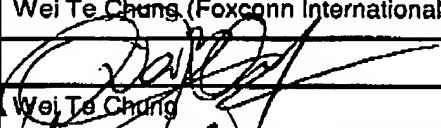
Application Number 10/659,939  
Filing Date 09/23/03  
First Named Inventor Iosif R. Korsunsky  
Art Unit 2833  
Examiner Name TSUKERMAN, LARISA Z  
Attorney Docket Number

## ENCLOSURES (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|--|

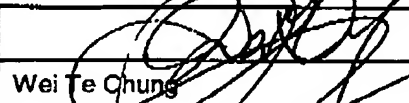
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Wei Te Chung (Foxconn International, Inc.)  
 Signature   
 Printed name Wei Te Chung  
 Date Feb 24 2005 Reg. No. 43,325

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature   
 Typed or printed name Wei Te Chung Date Feb 24 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Appl. No. 10-669,969  
Amdt. Dated Feb. 24, 2005  
Reply to Office Action of Dec 30, 2004

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	)	Examiner:
Korsunsky et al.	)	LARISA Z TSUKERMAN
	)	
Serial No.: 10/669,969	)	Group Art Unit: 2833
	)	
Confirmation No.: 4887	)	Dated: Feb. 24, 2005
	)	
Filed: 09/23/2003	)	
	)	
For: ELECTRICAL CONNECTOR FOR	)	
INTERCONENCTING TWO	)	
INTERSECTED PRINTED CIRCUIT	)	
BOARDS	)	

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being  
facsimile transmitted to: Commissioner for Patents,  
P.O. Box 1450 Alexandria, VA 22323-1450, on this  
Feb 24 2005 at (703)872-9306

Signed: \_\_\_\_\_



**Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Sir:

In response to the outstanding Office Action dated Dec 30, 2004 in connection with the above-identified application, kindly amend the subject application as follows and consider the accompanying remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.